

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 12 PM 1:10

1. Name of Limited Partnership	1a. DOCUMENT # A94000001820
FLORIDA OPPORTUNITY INCOME PARTNERS, LTD.	



2. Mailing Address 7826 COOPER ROAD CINCINNATI OH 45242	2a. Principal Office Address 7826 COOPER ROAD CINCINNATI OH 45242	3. Date Formed or Registered 12/27/1994	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
City & State CINCINNATI OHIO	City & State CINCINNATI OHIO	6. FEI Number 59-3285270	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 45242	Zip 45242	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent MCGRATH, GREGORY K 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621
--	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BARON CAPITAL III, INC.	28050 US 19 NORTH, ST	CLEARWATER FL 34621	P94000088918

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Gregory K McGrath* DATE 12/31/97
 Typed or Printed Name of General Partner Signing Form Gregory K McGrath Daytime Telephone Number (513) 984-5001

CR2E003 (6/97)